

*DCP/10/4989*

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HD</i>		<i>10-01-01</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>10-12-01</i>
FORMALITY REVIEW	<i>A6</i>	<i>690</i>	<i>10-29-01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 \* ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here  
 (LEFT INSIDE)

*723  
10/29*